FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Apr 16, 2003 8:00 am Secretary of State P02000037601 DOCUMENT # 1. Entity Name 04-16-2003 90112 012 ***150.00 LITENING PROPERTIES, INC. Principal Place of Business Mailing Address **68 FIESTA WAY 68 FIESTA WAY** the large training of the FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 75-304-3761 Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THIES, WILLIAM F JR Street Address (P.O. Box Number is Not Acceptable) **68 FIESTA WAY** FT LAUDERDALE FL 33301 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE GALLUZZO, GEORGE R. JR THIES, WILLIAM F JR NAME NAME 68 FIESTA WAY STREET ADDRESS **68 FIESTA WAY** STREET ADDRESS FT. LAUDERDALE, FL 33301 CITY-ST-ZIP FT LAUDERDALE FL 33301 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change THIES, JAMES H NAME NAME 68 FIESTA WAY STREET ADDRESS STREET ADDRESS FT. LAUDERDALE, FL 33301 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach nt with art address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP